FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90036 031 ***150.00

851469

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089724

1. Entity Name

Dana Distributing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
290 Quail Drive	290 Quail Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Merritt Island, Fl.	City & State: Merritt Island, Fl.
Zip: 32953 Country: USA	Zip: 32953 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3744840 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lovett, Antonio D.

Street Address (P.O. Box Number is Not Acceptable): 290 Quail Drive

City: Merritt Island, FL Zip Code: 32953

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] Antonio D. Lovett, Director 321-452-7766

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	Lovett, Antonio D.	NAME	
STREET ADDRESS	290 Quail Drive	STREET ADDRESS	
CITY-ST-ZIP	Merritt Island, Fl. 32953	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Saad, Maged	NAME	
STREET ADDRESS	P.O. Box 541358	STREET ADDRESS	
CITY-ST-ZIP	Merritt Island, Fl. 32953	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Antonio D. Lovett, Director 321-452-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR